



State of New Hampshire
Liquor Commission
Division of Enforcement & Licensing



ON-SITE CATERER SUPPLEMENTAL LICENSE FORM

Supplemental for selling alcohol for your **OWN** function, I.E. open to public **NOT** private catering function.

Name: _____ License #: _____ Phone #: ()-

Physical Address:

Mailing Address:

(City)

(State)

(Zip)

(City)

(State)

(Zip)

*All Requests **MUST BE** received 5 Days prior to earliest event date requested.*

Check and complete information as applicable for **EACH** event a supplemental license is requested:

Date: _____ Start Time: _____ End Time: _____

Event: _____

☐ Supplemental Caterer _____

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Event: _____

☐ Supplemental Caterer _____

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Event: _____

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Event: _____

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Date: _____ Start Time: _____ End Time: _____

Event: _____

☐ Supplemental Caterer _____

MAIL REQUEST TO: NHSLC, PO BOX 1795, CONCORD NH 03302-1795